

**CHILDHOOD LEAD POISONING
PREVENTION AND CONTROL COMMISSION**

COMMISSION MEETING

June 29, 2005

1:00 – 4:30 p.m.

Hampton Inn

2200 Hampton Place, Okemos, MI 48864

CONFERENCE ROOM A

MINUTES

Commission Chairperson Kimberlydawn Wisdom called the meeting to order at 1:05 p.m.

COMMISSIONERS PRESENT

Carole Ann Beaman Ph.D, LLP

Denise O. Chambers

Bruce C. Jeffries

Clay Powell

Robert D. Sills

Laurel R. Sproul

Kimberlydawn Wisdom, M.D., M.S.

COMMISSIONERS ABSENT

Joan Dyer

Daryl K. Gallant

INVITED GUESTS

Mary Scoblic, MDCH - Infant and Child Health Unit

Wesley Priem, MDCH – Lead Hazard Remediation Program

Sue Moran, MDCH – Medical Service Administration (Medicaid)

Sharon Hudson, MDCH – Childhood Lead Poisoning Prevention Program

Robert Scott, MDCH – Childhood Lead Poisoning Prevention Program

STAFF

Donna Strugar-Fritsch

Amy Wiles

PUBLIC

Jane Nickert, MDCH

Christina Bush, MDCH

Deb Behringer, MDCH

WELCOME AND INTRODUCTIONS

This being the first meeting of the Commission, Commissioners and guests introduced themselves and their affiliations.

COMMISSION CHARGE AND MISSION, ROLES, BYLAWS, WORK PLAN

1. Commissioners reviewed their legislative charge, and a draft mission statement and description of duties.

Motion: Denise Chambers, that the Commission adopt the mission statement and duties as presented.

Second: Clay Powell

Motion passed with unanimous approval.

Document is attached.

2. Commissioners reviewed draft bylaws, prepared in cooperation with the Michigan Office of the Attorney General, which establish Commission operations in compliance with the Open Meetings Act.

Motion: Laurel Sproul, that the Commission adopt the bylaws as presented.

Second: Carole Ann Beaman

Motion passed with unanimous approval.

Document is attached.

3. Commissioners reviewed a draft workplan. Discussion about the location of the public hearings took place, and commissioners agreed by consensus that the location of the second hearing would consider the geographic representation at the first hearing in Lansing.

Motion: Bruce Jeffries, that the Commission adopt the work plan as presented.

Second: Robert Sills

Motion passed with unanimous approval.

Document is attached.

UNDERSTANDING LEAD POISONING

In order to establish a common vocabulary and familiarity with the issues surrounding childhood lead poisoning, Commissioners were briefed in a presentation by Amy Wiles and additional information provided by key MDCH staff. Commissioners asked for clarification as to the definition of lead “poisoning,” with respect to the blood levels and the authority for defining the level deemed as “poisoned.” Commissioners also agreed that a glossary of common terms related to lead poisoning would be useful. Staff will prepare a glossary.

Other key points addressed in discussion included:

- Lead crosses the placenta at very low levels, but screening for lead exposure is not part of clinical protocols for routine prenatal care.
- Due to the age of housing and distribution of populations in of poverty, 50% of Michigan zip codes are considered at risk for childhood lead poisoning. Thirteen communities have been the targets of MDCH efforts.
- The University of Michigan is currently conducting focus groups with providers to identify attitudes, practice and barriers to testing children for lead.

UNDERSTANDING THE PUBLIC INFRASTRUCTURE TO PREVENT AND TREAT LEAD POISONING

To establish comprehensive awareness of the numerous components of the governmental infrastructure related to lead poisoning prevention and control, selected Commissioners and guests were asked to provide the Commission with an overview of their current objectives, funding, programs and program performance related to lead poisoning. Presenters were also asked to speak to the barriers they face in accomplishing their objectives, and strategies to remove those barriers.

Medicaid and Testing Children for Lead: Susan Moran, Bureau Director, presented the MDCH Medical Service Administration (Medicaid) objectives with respect to testing Medicaid children for lead poisoning. Under PA 55, 2004, MDCH is charged to achieve a lead testing level among children under age 6 at a minimum of 80% by October 2007. She highlighted strategies used in contracting with Medicaid Health Plans to increase lead testing, and noted significant progress in each plan. Barriers noted include:

- Missed opportunities to test children in emergency rooms and other treatment sites
- The challenges of the “churning” of children into and out of Medicaid
- Lack of agreement within the provider community regarding the need to screen versus test for lead
- Serious systemic challenges of impacting services delivered to children in the Medicaid Fee for Service population.

County Department of Human Services: Denise Chambers, County Director, Department of Human Services, reported that the Michigan Department of Human Service (DHS) and its county offices have not charge, no programs, and no funding to address childhood lead poisoning. However, DHS offices are pivotal in providing housing assistance, placement and funding, to families with small children, and are therefore an available agent to direct families to lead-safe housing. She described implementation under her direction in Genesee County of a mandatory “safe housing checklist” which must be completed before funds for housing are dispensed. It includes evidence of lead safety. She also described an initiative to maintain second grade children in a stable residence for two years, in order to increase MEAP scores. This initiative also required that the housing be lead safe.

Chambers also noted that DHS licenses day care programs and foster care, but lead safety of is not a component of those processes.

Department of Environmental Quality: Robert Sills, Toxicologist Specialist, presented DEQ’s major initiatives to address lead contamination in air, water and soil. He noted that strong public concern frequently accompanies any industrial proposals that contain a lead emission component. Sills noted that extensive investigation and remediation of lead smelting sites in the Detroit area had been underway since the state’s “Call to Action” report of July 2003, but that current funding is insufficient to continue progress at desirable levels.

Michigan State Housing Development Authority: Bruce Jeffries, Environmental Review Officer, presented MSHDA objectives and programs to address lead safe housing. Programs within the agency are coordinated to comply with federal standards for lead hazard. Funds are provided for grantee and contractors to become certified in a variety of capacities related to the assessment and remediation of lead hazard. MSHDA is also working closely with MDCH to develop the Lead Safe Housing Registry required by PA 433, 2004. Jeffries noted major barriers in MSHDA’s efforts:

- New state rules that establish lead hazard standards different from and more stringent than federal standards, around which the agency is organized.
- New state rules that mandate significantly increased oversight and reporting, which MSHDA believes detract from its resources for direct abatement.
- Lack of cooperation between stakeholders, especially within state government, with respect to science-based protocols and agreed-upon targets and objectives.
- The need for further study of soil lead loads and correlation between soil lead and interior lead dust.

Childhood Lead Prevention Program: Mary Scoblic, Manager, Infant and Child Health Unit, presented MDCH objectives under the Childhood Lead Poisoning Prevention Program (CLPPP), the resources allocated, and the major programs involved. CLPPP funds nine communities to identify children who are lead poisoned, and assure follow up and case management. CLPPP is also charged with increasing testing percentages, developing prevention plans, participating in coalition-building activities, and education the public and professionals.

Since the Call to Action report and the activities of the Task Force, organization and programming around childhood lead poisoning prevention and control have strengthened significantly. Major barriers cited by

Scoblic relate to the adequacy and sustainability of funding to carry out the activities that have been identified as high priority. Other barriers include:

- Lack of awareness among parents, providers and the public about the vulnerability of young children to lead poisoning
- Lack of planning both within and across state agencies related to lead poisoning, and the leadership to create a framework for joint planning.

Lead Hazard Remediation Program: Wesley Priem, LHRP Program Manager, presented MDCH objectives under the Lead Hazard Remediation Program (LHRP), the resources allocated and the major programs involved.

Primarily funded by the US Department of Housing and Urban Development (HUD) to remediate lead in homes, LHRP has remediated about 1,175 homes. LHRP also conducts outreach and education to real estate and building contractors and trade associations. LHRP is charged under PA 433, 2004 to create the Lead Safe Housing Registry, which is currently under development. Priem cites major barriers to LHRP objectives as:

- Inadequate attention to lead safety within real estate transactions
- The complexity of the network of resources available to families, which makes it difficult for families to access and navigate lead remediation resources
- Lack of funding available for families to remediate properties
- Under-developed local strategies to use the authority of PA 434, 2004 to prosecute delinquent landlords who rent homes that knowingly contain lead hazards.

Discussion: Commissioners discussed opportunities to enhance the public infrastructure that came to light through the presentations. Possible strategies include:

- Common definitions of hazard levels across departments
- Vigorous publicity of Lead Safe Housing Registry upon its completion
- Identification of new revenue streams to support current and future activities
- Engaging state and local DHS agencies in supporting lead-safe housing
- Replication of successful community initiatives such as the Genesee County housing check list, the effort of Wayne county prosecutors to effect landlord practices
- Simplification of the continuum of services and resources available to families, and navigation support to families
- Promotion of the cost-benefit of lead poisoning prevention
- Empowerment of families to demand testing of young children
- Possible use of “medically mandated loans” through MSHDA
- Possible use of elevated blood lead levels as qualification for “emergency relief” under DHS programs
- Enhanced engagement of local public health departments in EBLI investigations
- Possible federal match available for MSHDA taxable bond revenue

PUBLIC HEARING

Staff presented an overview of plans for the first public hearing. Under PA 431, 2004, 36 organizations are named as invitees. Commissioners decided by consensus to hold the hearing on

August 2, with both morning and afternoon sessions. The end time will be posted as 3:00 p.m. but Commissioners will be prepared to stay later if required. Staff will proceed with preparation of hearing notice, invitations, press release, and other logistics. Commissioners Laurel Sproul and Clay Powell volunteered to review and comment on draft procedures for the hearing itself. Chairperson Wisdom encouraged all Commissioners to plan to attend the hearing.

It was also noted that October 23-29 is Lead Poisoning Prevention Week, and it was decided to hold the second public hearing during that week. Commissioner Beamon volunteered to work with staff to maximize exposure of the Commission's efforts during this week.

NEXT STEPS

Staff will conduct the following steps prior to the next meeting:

- Launch a website for the Commission, posting members, documents and records, etc.
- Prepare minutes in accordance with the Open Meetings Act
- Investigate status of development of a public trust for funding
- Set a date for the next Commission meeting in January 2006
- Update the two Commissioners who could not attend today's meeting

Commissioners will conduct the following steps:

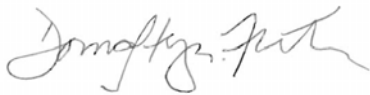
- Attend Public Hearing August 2
- Submit questions and requests for additional information to staff
- Submit travel reimbursement requests forms if desired

PUBLIC COMMENT

Public comment was invited and none was made.

ADJOURNMENT

Chairperson Wisdom adjourned the meeting at 4:45 p.m.



Donna Strugar-Fritsch
Facilitator

Childhood Lead Poisoning Prevention and Control Commission

The following is the charge to the Childhood Lead Poisoning Prevention and Control Commission, as enacted in Public Act 400 of 2004.

(1) The commission shall **study the environmental threats of lead poisoning to children's health, review this state's lead poisoning prevention program, evaluate the effectiveness of that program,** including, but not limited to, the ability of the program to satisfy federal law requirements that 100% of all young children enrolled in Medicaid shall be screened with a blood lead test, and make recommendations for improvements to that program.

(2) The commission shall consider all information received from its public hearings, review information from other sources, and study the experiences of other states. The commission shall **develop short- and long-range strategic recommendations** for childhood lead poisoning prevention and control in this state. The recommendations shall include, but are not limited to, strategies to:

- (a) Enhance public and professional awareness of lead poisoning as a child health emergency.
- (b) Significantly increase blood lead testing rates for young children.
- (c) Eliminate or manage the sources of lead poisoning, especially focusing on lead-based paint in aged housing.
- (d) Assure state interagency as well as public and private cooperation and communication regarding resolution of this complex environmental and public health problem.

(3) The childhood lead poisoning prevention and control commission shall **submit a written report of its findings,** including the recommendations under subsection (2), to the governor and the legislature by March 31, 2005 and annually thereafter by March 31 of each year. A representative of the department of community health shall provide testimony summarizing the findings and recommendations of the commission to the standing committees of the senate and house of representatives with jurisdiction over issues pertaining to public health and children.

Childhood Lead Poisoning Prevention and Control Commission

MISSION

The mission of the Commission is to:

- **Maximize the effectiveness of Michigan's public infrastructure;**
- **Mobilize and enable the private sector infrastructure; and**
- **Integrate the capacity and effects of the public and private sector strategies,**

in order to prevent and control childhood lead poisoning through public awareness, screening, testing and treatment of lead poisoned children, and prevention and remediation of lead hazards.

Childhood Lead Poisoning Prevention and Control Commission Duties and Responsibilities

Commissioners shall:

- **Prepare for, attend and fully participate in all meetings.**
- **Apply professional expertise and resources to the Commission's efforts, in order to advance the Commission's mission.**
- **Conduct activities on the Commission's behalf, as requested.**

**CHILDHOOD LEAD POISONING
PREVENTION AND CONTROL COMMISSION
BYLAWS**

ARTICLE I PREAMBLE

The Childhood Lead Poisoning Prevention and Control Commission is created by Public Act 431 of 2004, MCL 333.5474a of the Public Health Code, which establishes the Commission and enumerates its members.

ARTICLE II GENERAL DUTIES

The duties of the Childhood Lead Poisoning Prevention and Control Commission are enumerated in Public Act 400 of 2004, MCL 333.5474c of the Public Health Code.

ARTICLE III OFFICERS

The Chairperson shall be the Commissioner appointed to represent the Michigan Department of Community Health, as required in Public Act 431 of 2004. The Chairperson is authorized to call, conduct, and direct meetings, call votes, and represent the Commission to the Governor and the legislature.

A Vice Chairperson shall be elected by the Commissioners and shall hold that office for the Commission's duration or until he or she resigns from the Commission. The Vice Chairperson shall have the authority to chair meetings in the absence of the Chairperson, and to conduct other Commission business as directed by the Chairperson or if a Chairperson is not in office.

ARTICLE IV MEETINGS OF THE COMMISSION

Section A Quorum

One half of the Commissioner members appointed and serving shall constitute a quorum.

Teleconferencing shall be allowed in accordance with the Open Meetings Act. Upon approval of the Chairperson, Commission members may appear at a meeting via electronic device, including speaker phone or interactive television, provided that a quorum is present at the meeting site and all individuals attending the meeting can hear, and be heard by, the Commission member(s) attending via electronic device.

Section B Decision-Making

The Commission shall operate by consensus in developing its recommendations. The Chair will call for votes when he/she deems it necessary, and will determine whether the approval of the question called shall require a simple majority of Commissioners present, or shall be placed before all members.

In preparing the Commission's recommendations, any Commissioner with a dissenting opinion on a recommendation may request that opinion be expressed in the recommendation, and the Commission will honor that request.

ARTICLE V COMPLIANCE WITH OPEN MEETINGS ACT

The Childhood Lead Poisoning Prevention and Control Commission shall adhere to the provisions of the Michigan Open Meetings Act, Public Act 267 of 1976, as amended.

ARTICLE VI RECORDS

The Chairperson shall delegate staff of the Michigan Department of Community Health or its contracted facilitator the responsibility to produce written records of the Commission's actions and recommendations. All records will be presented to the Commission for approval before being deemed final.

Approved by Vote
June 29, 2005

CHILDHOOD LEAD POISONING PREVENTION AND CONTROL COMMISSION

WORK PLAN

June 29 INAUGURAL COMMISSION MEETING

Early August PUBLIC HEARING #1 IN LANSING

Early September PRODUCE WRITE-UP AND SUMMARY OF HEARING #1

Funding is only guaranteed through 9/30/05

Additional activities contingent on FY 06 funds

Mid-November PUBLIC HEARING # 2 to validate findings from hearing
#1, add geographic issues, and address FY 06 budget environment
from private sector perspective

Year End PRODUCE WRITE-UP AND SUMMARY OF HEARING #2

January COMMISSION MEETING
Review public hearing input
Round out private sector information
Identify short and long-term strategic recommendations

February Produce Draft Annual Report & Strategic Recommendations
Comments via conference call or email or subcommittee

March 30 Finalize Annual Report & Strategic Recommendations, submit to
Legislature